2984

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02913

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camp Springs
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camp Springs
STREET ADDRESS (If rural, give location): 5489--Branch Ave., S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	C.	ABBOTT	Mar. 9th		55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Nov. 13-1883	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Weisenberger	Mary Haas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Daniel A. Abbott-5489-Branch Ave., S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
331X **Immediate cause** (a) Cerebral Hemorrhage (Paralysis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lft side of body)	2 days
(c) General Arteriosclerosis	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic multiple arthritis	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Natural Cause				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 3, 19 54, to Mar 9, 19 55, that I last saw the deceased alive on March 8, 19 55, and that death occurred at 12 25 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul E Van Hatten	M.D.	Washington 28 DC	March 9 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Mar 11-55	Nash. Nat.	Suitland Pr. Geo. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 9-55	Edna F. Sollins	Simmons Bro.	661 Good Hope Rd. Nash. D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2935

CERTIFICATE OF DEATH

Reg. Dist. No. 02914 2-13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (rural)
LENGTH OF STAY (in this place): 10 months and 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47X-3
STREET ADDRESS (If rural, give location): 444 Eye St., N. W.

3. NAME OF DECEASED (Type or Print): (First) LEO (Middle) (Last) ABERHART

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/24/1900

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: 2824 Buna Vista Terrace, SE Washington, D. C.

11. BIRTHPLACE (State or foreign country): Atlanta, Ga.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Aberhart

14. MOTHER'S MAIDEN NAME: Mamie Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 251-09-9071

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Postoperative cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: (a) due to vagal-vagal reflex during tracheal aspiration — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: DUE TO (b) Right pneumonectomy 3/22/55 — 1 day; DUE TO (c) Pulmonary Tuberculosis — 1 year

(260X) 002X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 year

19a. DATE OF OPERATION: 3/22/55

19b. MAJOR FINDINGS OF OPERATION: Pulm T&C. Rt. pneumonectomy performed

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3/54 to 3/23/55, that I last saw the deceased alive on 3/23/55, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Daniel Leo Finucane MD Glenn Dale Hospital Glenn Dale, Maryland 3/23/55

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3/25/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) District of Columbia Morgue

DATE REC'D BY LOCAL REG. 3/24/55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

Daniel Leo Finucane MD, Glenn Dale Hospital Glenn Dale Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2986

02915

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale — LENGTH OF STAY (In this place) 4.5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) AMANDA E (Last) Ackerman

4. DATE OF DEATH: (Month) Mar. (Day) 30 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: April 3, 1870

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William H. McKown

14. MOTHER'S MAIDEN NAME: Orvilla Cushman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charlie W. Ackerman Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Stokes-Adam Syndrome (5 days) due to Myocarditis — Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Arteriosclerotic Heart Disease — Years

(c) Generalized Arteriosclerosis — Years

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Mar 30, 1955, that I last saw the deceased alive on 3/30, 1955 and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H James Kurtz M.D. — RFD Bowie Md — 3/30/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr 2, 1955 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor. Md

DATE REC'D BY LOCAL REGISTRAR: 4/1/55 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: F Gasch Sons Hyattsville, Md

4/4/55 Agnes M. Yingling

MARYLAND STATE DEPARTMENT OF HEALTH

02916

2926

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.
LENGTH OF STAY (in this place) 17 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5102 41th avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.
STREET ADDRESS (If rural, give location) 5102 41th avenue,.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Raymond (Last) Ballard

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1955.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 8, 1878

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Horticulorist

10b. KIND OF BUSINESS OR INDUSTRY: Univ. Md.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: James Harvey Ballard

14. MOTHER'S MAIDEN NAME: Elmina Holcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur H. Ballard Falls Church Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Cachexia — Interval Between Onset and Death: 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Vascular Accident — 4 mos

(c) Arteriosclerotic Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 19 55, to March 27, 19 55, that I last saw the deceased alive on March 27, 19 55, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gordon W. Keller MD 6124-41st Ave. Hyatts, Md. 3/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/30/55 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Colmar Manor Maryland

DATE REC'D BY LOCAL REG.: March 30 1955 | REGISTRAR'S SIGNATURE: James Severs

24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS: Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2939

CERTIFICATE OF DEATH

Reg. Dist. No. 02313 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly 38
LENGTH OF STAY (In this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp 77

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md 25
STREET ADDRESS (If rural, give location) 4708 Riverdale Rd

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) M (Last) Burns

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 3-14-90 | 9. AGE last birthday 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaner | 10B. KIND OF BUSINESS OR INDUSTRY: Cab Co. | 11. BIRTHPLACE (State or foreign country): N.Y. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Burns | 14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
199.9 IMMEDIATE CAUSE	(A) Bronchiectasis, bilateral, severe	?
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Pathologic Compression Fracture 6th Vertebrae	3 months
	DUE TO	
	(C) Carcinomatosis — Primary site undetermined	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pyelonephritis, bilateral ?

19A. DATE OF OPERATION: 1-31-55 | 19B. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma to 6th. Thoracic Vertebra | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1955, to March 6, 1955, that I last saw the deceased alive on March 6, 1955, and that death occurred at 11:15 M, from the causes and on the date stated above.

SIGNATURE M. D. Charles L. Deuel ADDRESS Prince Georges Gen Hosp Cheverly, Maryland DATE SIGNED March 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF Mar 9 1955 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR 3/9/55 | REGISTRAR'S SIGNATURE Amanda D Feaney | 24. FUNERAL DIRECTOR ADDRESS F Grochi Sons Hyattsville Md

2937

02918

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Langley Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8102 Takoma Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Langley Park X
STREET ADDRESS (If rural, give location) 8102 Takoma Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Michael		Baum	3	13	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	7-31-51	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Washington, D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Stanley Harold Baum	Allene Beldman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Father - Same address as #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
1491.X Immediate cause	(a)	Pneumonia	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Diffuse broncho pneumonia	
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-13-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-14-55	Brai Israel Cem.	Silver Hill Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/13/55	Amanda Downey	B Danzansky & Son	
3/14/55	Mrs. Jas. Beverly Deputy Registrar		3501-14th St N W DC.

! 2938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02919

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY In this place 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Glendale Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale, Md X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Sinith (Last) Baumann

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 17, 1865

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah Moore

14. MOTHER'S MAIDEN NAME: Barbara Ricklider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Roy A. Seigler Glendale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Coronary Thrombosis with Acute Myocardial Infarction — Interval Between Onset and Death: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart Disease — Year
(c) Generalized Arteriosclerosis — Year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Mar 18, 1955, that I last saw the deceased alive on Mar. 12, 1955, and that death occurred at 9 04 m., from the causes and on the date stated above.

SIGNATURE Homer Kurtz (Degree or title) M.D. ADDRESS RFD Bowie Md DATE SIGNED 3/18/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/21/55 — NAME OF CEMETERY OR CREMATORY St Georges Cemetery — LOCATION (City, town, or county) Glendale, Md (State)

DATE REC'D BY LOCAL REG. 3/18/55 — REGISTRAR'S SIGNATURE Amanda Downey, Agnes M. Yingling 3-22-55

24. FUNERAL DIRECTOR F Gaschi sons Hyattsville, Md ADDRESS

VS. A15

2989

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02920 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hallr | LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lowles, Md 04K-2
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Bean

4. DATE OF DEATH (Month) March (Day) 31 (Year) 19 55

5. SEX: male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 1-8-17 | 9. AGE last birthday: 38 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Dredge Boat | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bean | 14. MOTHER'S MAIDEN NAME: Amelia Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Unk. | 17. INFORMANT & ADDRESS: Wm H. Bean Lowles, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage and shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Crushed skull, chest and abdomen	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg. etc.) Route 301 | 21c. (City or town) Hallr (County) P G (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. Mar 31 55 7 | 21e. INJURY OCCURRED While at work ☐ Not while at work ☑ | 21f. HOW DID INJURY OCCUR? Driver of car that struck a tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-31-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-3-55	St. Johns Cemetery	Lusby Calvert	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-7-55	Amanda Sweeney	R. C. Sewell Fu. Srvd.	Md.

4-4-55 Agnes M. Ginglino

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02921

2940 CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) River Dale
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6216-44th Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 328 Prince George St.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Beaver

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: June 21 1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): seamstress

10B. KIND OF BUSINESS OR INDUSTRY: self-employed

11. BIRTHPLACE (State or foreign country): Wattsville Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D Fletcher

14. MOTHER'S MAIDEN NAME: Mary Jane Hopwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs George C. Bauer 110 Croydon Rd Baltimore 12 Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary occlusion	5 min
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Coronary heart disease DUE TO	2 yrs
	(C) Generalized arteriosclerosis & senility	10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar , 1955, to 2-26, 1955, that I last saw the deceased alive on 2-26, 1955, and that death occurred at 4:15p M, from the causes and on the date stated above.

SIGNATURE Lawrence J Wilkinson ADDRESS M. D. River Dale Md. DATE SIGNED 3-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 4 1955 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR MAR 3 - 55 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar | 24. FUNERAL DIRECTOR ADDRESS De Witt Donaldson, Laurel, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

2941 MARYLAND STATE DEPARTMENT OF HEALTH

02922

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY P. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOND HILL FARM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) BOND HILL FARM

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) E. (Last) BECK
4. DATE OF DEATH: (Month) MAR. (Day) 2 (Year) 1955

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: OCT. 14, 1885
9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: O.H.
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] Enck
14. MOTHER'S MAIDEN NAME: SARAH E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Jean Bond, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1954, to March 2, 1955, that I last saw the deceased alive on March 2, 1955, and that death occurred at 3:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert S. McEneney M.D. ADDRESS ROBERT S. McENEY, M. D. 402 Main Street DATE SIGNED 3/2/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: MAR. 5/55
NAME OF CEMETERY OR CREMATORY: LOUDON PARK
LOCATION (City, town, or county) (State): BALTO, MD.

DATE REC'D BY LOCAL REG. 3/3/55
REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.
24. FUNERAL DIRECTOR: Harry A. Nitzke ADDRESS 4101 EDMONDSON AVE.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02923

Item 9, Film G179 3-30-55 et 2937

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park.
STREET ADDRESS (If rural give location) 7104-Central Ave

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Margaret (Last) Bengler

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: July 14-1865
9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 90

10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired.) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Georgetown. DC.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Kaiser
14. MOTHER'S MAIDEN NAME: Rosina Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Left congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive heart disease — 5 yrs
DUE TO (C) Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 18, 1955 to Mar 25, 1955, that I last saw the deceased alive on March 24 1955 and that death occurred at 4:45 M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS 4601-16th St N W DATE SIGNED 3/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-28-55
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Washington. D.C.

DATE REC'D BY LOCAL REGISTRAR March 25, 1955
REGISTRAR'S SIGNATURE Mrs. Jas. Lovere Deputy Registrar
24. FUNERAL DIRECTOR Nathan Lee & Sons
ADDRESS Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03899

2942 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 5 hrs 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P G
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier 16
STREET ADDRESS (If rural give location) 3104 Varnum St

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Benton
4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		3-5-1955	yrs.			5	20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd Benton
14. MOTHER'S MAIDEN NAME: Nadine Susann Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7767 IMMEDIATE CAUSE (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 5 hours 20 min

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1955, to 3/5, 1955, that I last saw the deceased alive on 3/5, 1955, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE Leon L Gallin M.D. ADDRESS Mt Rainier Md DATE SIGNED 3/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	4/18/55	Bruce Georges Gen Hosp	Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 3/23/55 — REGISTRAR'S SIGNATURE Amanda Denney — 24. FUNERAL DIRECTOR Harry W Penn Jr — ADDRESS Supt

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2035/81320

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02924

2943

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 2hrs.-40min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 5335-5th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ether (Middle) (Last) Blackwell

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH:
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Emergy. Room Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.0 IMMEDIATE CAUSE (A) Ventricular fibrillation + Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Ventricular arythmia afte Adams-Stokes with BP 0% for 20 hours DUE TO

(C) Origin Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5-55, 19..., to 3-5-55, 19..., that I last saw the deceased alive on 3-5-55, 19..., and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE Waldo B. Mayo M.D. ADDRESS Mt. Rainier Md DATE SIGNED 3-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 3-10-55 — NAME OF CEMETERY OR CREMATORY Lincoln Memorial — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 3/8/55 — REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR Ambrose B Boyd — ADDRESS 1238 20th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2944

CERTIFICATE OF DEATH

02925

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hospital 77

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural give location) 7619 Hawthorne St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Brew

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): —
8. DATE OF BIRTH: March 21, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 18 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Brew
14. MOTHER'S MAIDEN NAME: Evelyn Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card of Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0
IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 18 hrs+.
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Unknown.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19A. DATE OF OPERATION: Delivery 3/21/55.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 19 55, to 3/22, 19 55, that I last saw the deceased alive on 3/21/55, 19 , and that death occurred at 11:15 M, from the causes and on the date stated above.
SIGNATURE Wallace W. McClung M.D. ADDRESS 8208 Fenton St. Silver Spring, Md. DATE SIGNED 3/24/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar 25, 1955
NAME OF CEMETERY OR CREMATORY Arlington
LOCATION (City, town, or county) (State) Va.

DATE REC'D BY LOCAL REGISTRAR 3/24/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Francis J. Collins P.C. ADDRESS 3821-14 St NW
202-726-3415

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02926

2990

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): X
LENGTH OF STAY (in this place): 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Route # 2, Box #280

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr.Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Lanham X
STREET ADDRESS (If rural give location): Route #2, Box # 280

3. NAME OF DECEASED: (First) DAVID (Middle) ALVIN (Last) BROWN, SR.

4. DATE OF DEATH: (Month) March (Day) 16th, 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 3rd, 1889

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Boiler Maker

10b. KIND OF BUSINESS OR INDUSTRY: US Naval Gun Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph T. Brown

14. MOTHER'S MAIDEN NAME: Mary Wagaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Jennie R. Brown, Route # 2, Lanham, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) General arteriosclerosis — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1945, to Mar 16, 19 55, that I last saw the deceased alive on Mar 15, 1955, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): L W Maher M D — ADDRESS: Riverdale, Md — DATE SIGNED: 3-17-55.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/19/1955 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland, Pr.Geo.Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 17, 1955 — REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company, Riverdale, Md.

02927

MARYLAND 2991

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mt. Rainier — LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Bridge Rd. X
STREET ADDRESS (If rural, give location) Mt. Rainier

3. NAME OF DECEASED (Type or Print): (First) John — (Middle) Douglas — (Last) Brown

4. DATE OF DEATH: (Month) Mar. (Day) 24 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 4-1902

9. AGE last birthday: 52 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster

10b. KIND OF BUSINESS OR INDUSTRY: Welfare Rest Medical Center

11. BIRTHPLACE (State or foreign country): Laurel, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Randolph Brown

14. MOTHER'S MAIDEN NAME: La Fenya Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-01-1587

17. INFORMANT AND ADDRESS: Mrs. John Douglas Brown, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: 45 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CORONARY SCLEROSIS, ADVANCED. —

(c) CORONARY INSUFFICIENCY —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CORONARY OCCLUSION, OLD. 3 YRS.

19a. DATE OF OPERATION: NONE — 19b. MAJOR FINDINGS OF OPERATION: NONE — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NONE — (CITY OR TOWN) NONE (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from 2/23, 1955, to 3/24, 1955, that I last saw the deceased alive on 3/24, 1955, and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Cockrum Md. — ADDRESS Laurel, Maryland — DATE SIGNED 3/25/55

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE: Mar 27-1955 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Md.

DATE REC'D BY LOCAL REG.: Mar 27-55 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: McGill Broadbent Laurel Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 — 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02928

2945

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo.
38 CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cheverly — LENGTH OF STAY (in this place) 20 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg 33
77 HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Georges General Hosp.	STREET ADDRESS (If rural give location) 4604 Annapolis Rd. 1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Brown
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col-	Single	6-22-89	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card - Above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332X IMMEDIATE CAUSE	(A) Cardiac arrest	—
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Uremia	one week
	DUE TO (C) Cerebral thrombosis + cardiac infarct causing prolonged anoxia	three weeks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that death occurred at 2:42 P.M, from the causes and on the date stated above.

SIGNATURE Leon L. Gallin M. D. ADDRESS Mt Rainier DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/18/55	Woodlawn	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/17/55	Amanda Downey	[illegible] & Co.	305 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02929

2992

CERTIFICATE OF DEATH

243

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Glenn Dale (rural) — LENGTH OF STAY (in this place) 9 yrs., 9 mos and 16 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 2129 Florida Ave., N. W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GUSTAV	A.	BRUETT	3	3	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	10/13/1875	79 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Steward	Unknown	Bloonfield, N. J.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gustiva Bruett	Charlotte Aue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	-	577-05-4137	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 11 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the deatb but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 19 45, to 3-3, 19 55, that I last saw the deceased alive on 3-3, 19 55, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Hospital Glenn Dale Md.	3/3/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-6-55	Bloomfield Cemetery	Montclair	N. J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/3/55	[illegible]	Francis J. Collins	3821-14th St. N.W. Wash. D.C.

Item 18 Film G178 1-5-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2946

CERTIFICATE OF DEATH

02930 231

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 30 day-
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7-7 Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Butler

4. DATE OF DEATH: (Month) Mar (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 1870 ?

9. AGE last birthday 84 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Butler

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Eva Goodman - 426 Westcross St, Balt

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

586X IMMEDIATE CAUSE (A) Empyema of GB & Common Duct

ANTECEDENT CAUSE (S): DUE TO Common Duct Obstruction

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Obstruction

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension Cerebral Vascular Disease

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION Empyema of GB & Common Duct

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:35 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 95-19th St. Wdrf. DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-19-55 | NAME OF CEMETERY OR CREMATORY St. John's cemetery | LOCATION (City, town, or county) Benedict (State) Md

DATE REC'D BY LOCAL REGISTRAR March 23, 1955 | REGISTRAR'S SIGNATURE Amanda Saunders

24. FUNERAL DIRECTOR Hurtt & Ryon ADDRESS Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH

02931

2411 N. Charles Street, Baltimore

2947

CERTIFICATE OF DEATH

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights (Chevery) — LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Co. Gen. D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS (If rural, give location) 709 – 61st ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Emma (Last) Campbell

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 17, 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months 11 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Atholton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Williams

14. MOTHER'S MAIDEN NAME: Ellen Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James A. Campbell - 709 - 61st ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Congestive Heart Failure — 9 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Left Ventricular Failure
(c) Hypertensive Cardio-Vascular Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1955, to March 20, 1955, that I last saw the deceased alive on March 20, 1955, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Robinson, MD. 1001 Eastern Ave. N.E. 3/20/55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

3-20-1955 | Washington Funeral Home | Washington D.C.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

Mar. 20-55 | Carrie F. Campbell | H.S. Washington & Sons - 462 N St. N.W. Wash. 1, D.C.

2948

02932

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.H.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Hyattsville (3 yrs.)
STREET ADDRESS (If rural, give location) 6801 Riggs Road

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) Common (Last)

4. DATE OF DEATH (Month) Mar (Day) 19 (Year) 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 15 April | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Joseph Levitan | 14. MOTHER'S MAIDEN NAME: Rose?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: Sadye Schnapper: Daughter same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure — 442X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/20/55 | NAME OF CEMETERY OR CREMATORY Montefiore | LOCATION (City, town, or county) (State) Long Island N.Y.

DATE REC'D BY LOCAL REG. 3/20/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gasche & Sons | ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02933

Item 3, FilmC180 4-14-55 et

2949 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-55

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15; STREET ADDRESS (If rural give location) 6320 - 23rd Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Janet (Middle) Marie (Last) CARONA, Twin II; 4. DATE OF DEATH: (Month) March (Day) 10 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	—	3/9/55	yrs.			15	15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Cheverly Md.	

13. FATHER'S NAME: Anthony J. CARONA

14. MOTHER'S MAIDEN NAME: Christina Roper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625 IMMEDIATE CAUSE (A) Prematurity, Atelectasis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1955, to 3/10, 1955, that I last saw the deceased alive on 3/10/55, 19 ..., and that death occurred at 10 20 A M, from the causes and on the date stated above.

SIGNATURE Herma Eisenberg M. D. ADDRESS 701 K St N.E Wash. D.C. DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar-14-55	Arlington	Arlington Co. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/11/55	Amanda Downey	Jas. T. Ryan & Son	

21 55312311

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02934

2993

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: Glenn Dale Hospital
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL) X
LENGTH OF STAY (in this place) 1 yr., 6 months 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital 08

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-3
STREET ADDRESS (If rural, give location) 731 - 5th St., S.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) CHASE

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/1/98

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Chase

14. MOTHER'S MAIDEN NAME: Mary Bolden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) Army - 1915 - Lost 1919

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 199.9 Carcinomatosis, primary site undetermined — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c) (002X)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis — 5 yrs 9 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1953, to 3/23, 1955, that I last saw the deceased alive on 3/23, 1955, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Lee Pinnegar M.D. Glenn Dale Hospital, Glenn Dale, Maryland 3/23/55.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 3/28/55 NAME OF CEMETERY OR CREMATORY Arlington Natl. Cemetery LOCATION (City, town or county) Arlington Co., (State) Virginia

DATE REC'D BY LOCAL REG. 3/23/55 REGISTRAR'S SIGNATURE Alice Crew

24. FUNERAL DIRECTOR John T. Rhines & Co. (Per Robert L. Plummer) ADDRESS 901-3rd St. S.W. Washington D.C.

MAPLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02935

2994

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glenn Dale (rural)
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural, give location) 1814 Que St., S. E.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) F. (Last) CLEARY

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 22, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/4/1906
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY: Thomas H. Ryan, Builders
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F. Cleary
14. MOTHER'S MAIDEN NAME: Margaret Cleary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 002X

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 18, 1955, to Mar. 22, 1955, that I last saw the deceased alive on Mar. 22, 1955, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE Daniel [illegible] M.D. (DEGREE OR TITLE) ADDRESS Glenn Dale Hospital, Glenn Dale, Md. DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/25/1955
NAME OF CEMETERY OR CREMATORY Holy Rood Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/22/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517-11th St. SE. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

02936

2995

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 223 Cedar Drive.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Prince George's (Prince Charles)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 223 Cedar Drive.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) BERNARD (Last) CLEMENTS

4. DATE OF DEATH: (Month) MARCH (Day) 22 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Dec 15 1868

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pumfret, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas A. Clements

14. MOTHER'S MAIDEN NAME: Jane C. Colly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 578-07-1486

17. INFORMANT AND ADDRESS: Alton A. Clements 223 Cedar Dr. Silver Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2
Immediate cause (a) CHRONIC CONGESTIVE FAILURE — Interval Between Onset and Death: 3 week

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocardial heart disease — 4 years.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT., 1953, to MARCH 22, 1955, that I last saw the deceased alive on MARCH 21, 1955, and that death occurred at 3:42 P.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Ernest E. Cornelsen | MD | 4400 Brunett St. Wash D.C. | 3-22-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE March 25 1955 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Mar. 22-1955 | REGISTRAR'S SIGNATURE E. F. Sollins | 24. FUNERAL DIRECTOR Francis J Collins | ADDRESS 3821-14 St. NW Wash., D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02937

MARYLAND 2950

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor X
STREET ADDRESS (If rural, give location) 4007 Newton St

3. NAME OF DECEASED (Type or Print) (First) Damaris (Middle) Katherine (Last) Colbert

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1-28-91

9. AGE last birthday 64 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Alexandria, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Alexander Smith

14. MOTHER'S MAIDEN NAME Julia Reeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Malnutrition & cardiac failure — Interval Between Onset and Death: 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastatic carcinoma to liver, lungs — 9 mo.

(c) lymph nodes from carcinoma of left colon

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-18-54

19b. MAJOR FINDINGS OF OPERATION Carcinoma of left colon

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14 ..., 1954, to 3-9 ..., 1955, that I last saw the deceased alive on 3-8 ..., 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. F. Wilkinson MD ADDRESS 4404 Queensbury Road Riverdale Md DATE SIGNED 3-9-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 3/12/1955 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Hamilton Virginia

DATE REC'D BY LOCAL REG. March 9, 1955 REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS Riverdale, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02938

2925

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4915 Erie Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 4915 Erie Street

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) (N.M.N.) (Last) Copp

4. DATE OF DEATH: (Month) March (Day) 23rd (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: Jan. 13th 1874

9. AGE Last birthday: 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Frederick Schaffer

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Dorothea K. Burd 4915 Erie St College Park Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral accident — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Advanced arteriosclerosis — years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1953, to 3/23, 1955, that I last saw the deceased alive on 3/23, 1955, and that death occurred at 4:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Louis Mendel M.D. ADDRESS College Park DATE SIGNED 3/23/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/26/1955 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REGISTRAR March 24-1955 REGISTRAR'S SIGNATURE John D. Smith

24. FUNERAL DIRECTOR W. W. Chambers Co — Riverdale, Md. ADDRESS

2927

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02939

CERTIFICATE OF DEATH

Reg. Dist. No. 2-45

Item 9 Film C178 3-15-55 et

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HELEN (Middle) C (Last) DAVIS

4. DATE OF DEATH (Month) Mar (Day) 1 (Year) 1955

5. SEX F. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH Aug-11-1864 | 9. AGE last birthday 90 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cornelius Davis

14. MOTHER'S MAIDEN NAME Mary Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Home records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4427

Immediate cause (a) Cardio-renal - sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH 7 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Mch 1, 1955, that I last saw the deceased alive on Feb 26, 1955, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles Bailey M.D. 35-14th St. N.W. Wash. D.C. Mch 1/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/3/55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/1/55 | REGISTRAR'S SIGNATURE Amanda Bunney Chatty Registrar

24. FUNERAL DIRECTOR ADDRESS Jas. T. Ryan Undr. 317 - Pa. ave S.E.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02940

2951 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly Md
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 401-71st Street

3. NAME OF DECEASED: (Type or Print) (First) Pietro (Middle) (Last) Di Gennaro

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	6-29-1891	63 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carmens Helper	Wash Terminal	Italy	U.S.A.

13. FATHER'S NAME: Domenico Di Gennaro

14. MOTHER'S MAIDEN NAME: Justina Candida

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS
		Maria Di Gennaro 401-71st St Seat Pleasant Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between Onset And Death
Immediate cause 443X	(a) CEREBRAL HEMORRHAGE CARDIAC FAILURE	2 DAYS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) HYPERTENSIVE CARDIO-VASCULAR DISEASE DUE TO	
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 19 55, to 3-30, 19 55, that I last saw the deceased alive on 3-30, 19 55, and that death occurred at 2 p.m. 3-30-55, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Max M. Herzberg	M.D.	7016-Gregg St. Seat-Plst. Md.	3-30-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4-2-1955	Cedar Hill	Suitland Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/55	Amanda Downey	Robert A Mattingly	131-11th St S.E. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2952 CERTIFICATE OF DEATH

02941 Reg. Dist. No. 289

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel, Md.
STREET ADDRESS (If rural give location): 312 Main St.

3. NAME OF DECEASED: (First) William (Middle) H. (Last) Diven

4. DATE OF DEATH: (Month) Mar. (Day) 12, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 1882

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Leadman

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard

11. BIRTHPLACE (State or foreign country): Laurel, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Diven

14. MOTHER'S MAIDEN NAME: Cora Snaps

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-10-5248

17. INFORMANT & ADDRESS: Mrs. Selina Bedwell, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Occlusion — Interval Between Onset And Death: 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Hypertensive Heart disease

DUE TO (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Mar 12, 1955, that I last saw the deceased alive on Mar 11, 1955, and that death occurred at 1230, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Sunard M.D. 314 Compton Ave Laurel Md 3/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 14, 1955 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cem'ty — LOCATION (City, town, or county) (State): Laurel, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 14-55 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Talbert Brashears — ADDRESS: Laurel Md.

VS. A15

2953

02942

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1815 Hamlen Street NE

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) Eagle (Last) Higson

4. DATE OF DEATH (Month) March (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 28, 1891

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Calvin Eagle

14. MOTHER'S MAIDEN NAME: Ellen Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Beatrice Grinhold, Forest Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

823X

Immediate cause (a) Hemorrhage and shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest, fractured skull

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Farm Road

21c. (City or town) Tanyard (County) P. G. (State) Md.

21d. TIME OF INJURY (Month) 3 (Day) 22 (Year) 55 (Hour) 1:15 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Cow ran off road and struck fixed object

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Bond M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/25/55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Prince George, Md.

DATE REC'D BY LOCAL REG. March 22, 1955

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR The S. H. Hines Co.

ADDRESS 2901-14th St. N.W. Washington, D.C.

VS. A15A - 5 - 53

3/24/55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND 2996

02943

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 1 4 2

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lanham
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1st & Telegraph Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham X
STREET ADDRESS (If rural, give location) 1st & Telegraph Rd.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Grace (Last) Doering

4. DATE OF DEATH (Month) March (Day) 5, (Year) 19 55

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 6, 1898

9. AGE last birthday 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Mich.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George H. Watters

14. MOTHER'S MAIDEN NAME Mary E. Cannel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Friedrich W. Doering (Same as #2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis with Acute Myocardial Infarction — Interval between onset and death: 36 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Coronary Artery Disease — 4 years (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1955, to 3/5, 1955, that I last saw the deceased alive on 3/5, 1955, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

SIGNATURE D. James Kurtz (Degree or title) MD ADDRESS RFD Bowie Md DATE SIGNED 3-5-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 3-9-55

NAME OF CEMETERY OR CREMATORY Mt. Lucas Cemetery

LOCATION (City, town, or county) Edmonston (State) Md.

DATE REC'D BY LOCAL REG. 3/8/55

REGISTRAR'S SIGNATURE Amanda Downey
Carrie F. Campbell

24. FUNERAL DIRECTOR E. Hartis Sons - Hyattsville, Md.

ADDRESS

C 3245

2997

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 02944

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellsville
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bristol, Tennessee 79x-3
STREET ADDRESS (If rural, give location) 613 - 5th st.

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) William (Last) Dougherty
4. DATE OF DEATH (Month) March (Day) 25 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-25-11
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Guard - Spring Grove Hospital
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jesse L Dougherty
14. MOTHER'S MAIDEN NAME: Gloria Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WW II
16. SOCIAL SECURITY NO.: 411-09-9320
17. INFORMANT & ADDRESS: Martha B Dougherty Bristol Tennessee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)
Immediate cause 816X (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest & pelvis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street
21c. (City or town) Bellsville (County) Pr. Geo. (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-25-55 3:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Collision between sedan & truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/28/55
NAME OF CEMETERY OR CREMATORY East Hill Cemetery
LOCATION (City, town, or county) Bristol (State) Tn.

DATE REC'D BY LOCAL REG. 4/26/55
REGISTRAR'S SIGNATURE Unauthorized signature John D. Smith Jr.
24. FUNERAL DIRECTOR F Basoco Sons ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02945

2928 **CERTIFICATE OF DEATH** Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 19 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4106 Hamilton Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4106 Hamilton Street

3. NAME OF DECEASED: (First) Charles (Middle) Cranfield (Last) Eckloff
4. DATE OF DEATH: (Month) March (Day) 11 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 25, 1886
9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Real Estate Appraiser
10b. KIND OF BUSINESS OR INDUSTRY: U.S.V.B. Bldg. & Loan. Asso.
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Everly Eckloff
14. MOTHER'S MAIDEN NAME: Mary Fields

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-01-2224
17. INFORMANT & ADDRESS: Mrs. Lydia W. Eckloff 4106 Hamilton St. Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Acute Coronary Thrombosis.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic
DUE TO
(c) Heart Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2, 1940, to 3-11, 1955, that I last saw the deceased alive on 3-11, 19 55, and that death occurred at 5 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] [illegible] 3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-14-55
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR March 17, 1955
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02946

2954

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 9, Film C179 3-21-55 et

1. PLACE OF DEATH:
COUNTY Prince George. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly.
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville. 15-26-2
STREET ADDRESS (If rural give location) Carroll. Ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Elliott.

4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 19 55

5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 11-22-1869.
9. AGE last birthday 84. 85 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardiovascular disease

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19....., to ...., 19....., that I last saw the deceased alive on ...., 19....., and that death occurred at 4.20 A M, from the causes and on the date stated above.

SIGNATURE George Magrath M.D.
ADDRESS 3217-34th Ave
DATE SIGNED 3-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/16/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR 3/14/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS F Geschis Sons, Hyattsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02947

CERTIFICATE OF DEATH

2929 Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 15 Hyattsville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 4207 Oglethorpe Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 15 1
STREET ADDRESS (If rural give location) 4207 Oglethorpe Street

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) MILTON (Last) EVERHART

4. DATE OF DEATH: (Month) March (Day) 6th, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 10th, 1904	50 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction Co.	Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry Albert Everhart	Effie Lydia Reed

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	223-16-4047	Emma R. Everhart 4207 Oglethorpe St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Acute Coronary Thrombosis	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Heart Disease	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 19 55, to 3-6, 19 55, that I last saw the deceased alive on 3-6, 19 55, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. W. Hatter, M.D. ADDRESS DATE SIGNED 3-7-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/9/1955	Mt. Olivet Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 8 1955	Mrs. Jas. Devere Asst. Registrar	W.W. Chambers Company, Riverdale, Md.

VS. A15

2955

02948

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges | MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bladensburg | LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4905 Varnum

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md | COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4905 Varnum

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Mae (Last) Farmer

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 5-11-20 | 9. AGE last birthday: 34 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Washington DC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Farmer | 14. MOTHER'S MAIDEN NAME: Maggie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT'S ADDRESS: Mary Miles - 29K. St., N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
002X Immediate cause	(a) Exhaustion	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Dropsia	
DUE TO		
	(c) Pulmonary tuberculosis	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 3-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 3/26/55 | NAME OF CEMETERY OR CREMATORY Jarvis Funeral Home | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 3/26/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gasch & Son Hyattsville, Md | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02949

2956

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 4mo. 11da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Aitchison (Last) Flester

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 19 55

5. SEX: M. | 6. COLOR OR RACE: W. | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED.~~ (Specify): | 8. DATE OF BIRTH: Oct. 7, 1885 | 9. AGE last birthday 69 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: CARPENTER
11. BIRTHPLACE (State or foreign country): Laurel, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Caldwell Flester
14. MOTHER'S MAIDEN NAME: Mary Aitcheson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown.
17. INFORMANT & ADDRESS: hosp. records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332X IMMEDIATE CAUSE	(A) Cerebral thrombosis.	24 mo.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) ARTERIOSCLEROSIS DUE TO	YEARS.
	(C) —	—

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) NONE
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 JAN, 1955, to 31 MAR, 1955, that I last saw the deceased alive on 30 MAR, 1955, and that death occurred at 2:02 P. M. from the causes and on the date stated above.
SIGNATURE John R Buell M. D. ADDRESS 402 Main St-Laurel Md DATE SIGNED 31 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/3/55
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR April 3 - 55
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar
24. FUNERAL DIRECTOR Dewitt Donaldson
ADDRESS Laurel, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02950

2957 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Beverly
LENGTH OF STAY (in this place) 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Georges Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
STREET ADDRESS (If rural give location) 6208 - 60th Place

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) D (Last) Fitzgerald

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: June 13. 1910

9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tech Electronics

10B. KIND OF BUSINESS OR INDUSTRY: Erco Company

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H Shuflinger

14. MOTHER'S MAIDEN NAME: Laura Lanham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 578-22-3689

17. INFORMANT & ADDRESS: Hospital Records Beverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X
IMMEDIATE CAUSE (A) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH ½ hr.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1950, to 3-3, 1955, that I last saw the deceased alive on 3-3, 1955, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE R.H. Bauer M.D. ADDRESS M. D. Hyattsville Md. DATE SIGNED 3-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Mar 5, 1955 NAME OF CEMETERY OR CREMATORY George Washington LOCATION (City, town, or county) (State) Hyattsville, Md

DATE REC'D BY LOCAL REGISTRAR 3-4-55 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F. Gracia & Sons ADDRESS Hyattsville Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Cleaned by Dr. Mabney

RECEIVED

MAR

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02951

2958

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly -
LENGTH OF STAY (in this place) 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
STREET ADDRESS (If rural give location) X / 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Ford -

4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Sep.

8. DATE OF BIRTH: 3-28-03 -

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland -

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lee Ford

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Bowie Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

542.0
IMMEDIATE CAUSE (A)
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Marginal Jejunal ulcer
(C) Post op Gastrectomy

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION Marginal Ulcer

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at 6 05 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 915-19 St NW Washington DC DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-23-55

NAME OF CEMETERY OR CREMATORY Ascension

LOCATION (City, town, or county) (State) Bowie Md

DATE REC'D BY LOCAL REGISTRAR 3-22-55

REGISTRAR'S SIGNATURE Agnes M. Gingling

24. FUNERAL DIRECTOR Martin Gladden

ADDRESS Bowie Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02952

2959 **CERTIFICATE OF DEATH** Reg. Dist. No. 142

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAPITAL HEIGHTS
LENGTH OF STAY (in this place) 28 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5008 H St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAPITAL HEIGHTS
STREET ADDRESS (If rural give location) 5008 H ST.

3. NAME OF DECEASED: (First) ANDREW (Middle) FREDERICK (Last) FORNEY
4. DATE OF DEATH: (Month) MARCH (Day) 6 (Year) 1955
5. SEX: M
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 26 1884
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY: US GOVT.
11. BIRTHPLACE (State or foreign country): WASH. D.C.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: ANDREW H. FORNEY
14. MOTHER'S MAIDEN NAME: ELIZABETH SCHWERING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 578-07-5521
17. INFORMANT & ADDRESS: MRS NETTIE M FORNEY (WIFE) 5008 H St. CAPT. HEIGHTS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) ACUTE MYOCARDIAL INFARCTION — 30 MIN.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROTIC HEART DISEASE — 1 YR.
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1954 to MARCH, 1955, that I last saw the deceased alive on MARCH 4, 1955, and that death occurred at 1:30 P M, from the causes and on the date stated above.
SIGNATURE Joseph C. Rawlings Jr. M.D. ADDRESS 6124 Central Ave. Capt. Heights DATE SIGNED 3/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF March 9, 1955 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 7-55 — REGISTRAR'S SIGNATURE Carrie Campbell — 24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS Washington, D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02953

2960

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Maryland 15
STREET ADDRESS (If rural give location) 6000 - 34th Ave. - 1

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) MICHAEL (Last) GENTILCORE
Baby Boy Gentilcore

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 13-1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 7 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Washington, D.C
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Phila A Gentilcore
14. MOTHER'S MAIDEN NAME: Viola D'Amico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. No.
17. INFORMANT & ADDRESS: Phila A. Gentilcore 6000 34th av ~~Cap. Hgts.~~ Hyatts. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 480X

IMMEDIATE CAUSE (A) Bilateral bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Influenza, gastro-intestinal type 24 hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [x] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1955 to 3/5, 1955, that I last saw the deceased alive on 3/5, 1955, and that death occurred at 5 AM, from the causes and on the date stated above.
SIGNATURE Joseph McDonald M. D. ADDRESS 7309 Riggs Rd. W. Hyattsvl. Md DATE SIGNED 3/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-8-55
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C

DATE REC'D BY LOCAL REGISTRAR 3/9/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Washington D.C

9V7499V99V

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

2930

02954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hyattsville
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3621 - Farragut St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3621 Farragut Street

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Mae (Last) Gill

4. DATE OF DEATH (Month) (Day) (Year) 3 - 22 - 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 16, 1893

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob J. Reich

14. MOTHER'S MAIDEN NAME: Bernadine Serf.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Husband - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 442X (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease; — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/25/55

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGR. March 25, 1955

REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR F. Gascha sons, **ADDRESS** Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02955

2936 CERTIFICATE OF DEATH Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 16 MT RAINIER
LENGTH OF STAY (in this place) 31 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 3425 NEWTON STREET

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER 16
STREET ADDRESS (If rural give location) 3425 NEWTON STREET.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) FREDERICK (Last) GOODE, SR.

4. DATE OF DEATH: (Month) MARCH (Day) 2nd (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: AUG 21 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): GUARD

10b. KIND OF BUSINESS OR INDUSTRY: NATL GEOGRAPHIC SOCIETY

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: THOMAS GOODE

14. MOTHER'S MAIDEN NAME: MARIE LAUTERBACH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: 578-14-9514

17. INFORMANT & ADDRESS: MARY E. GOODE - 3425 NEWTON STREET, MT. RAINIER, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 2-3 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of fundus of stomach — 9-8 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1955

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of fundus of Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1952 to 3-2, 1955, that I last saw the deceased alive on 3-2, 1955, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Abell M. D.

ADDRESS JAMES E. ABELL, M. D. 1840 MICHIGAN AVE., N. E. D.C.

DATE SIGNED 3-2-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 3/5/1955

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) GEORGE WASHINGTON CEM. RIGGS RD EXTENDED - PRINCE GEO CO MD

DATE REC'D BY LOCAL REGISTRAR August 3, 1913

REGISTRAR'S SIGNATURE James Secrest

24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS CO - RIVERDALE, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02956

2961 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park 14
STREET ADDRESS (If rural give location) 8909 - 49th Ave

3. NAME OF DECEASED: (First) ORA (Middle) (Last) Gorsley
4. DATE OF DEATH: (Month) March (Day) 17, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 4, 1882
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U-S-A

13. FATHER'S NAME: Oscar Trainum
14. MOTHER'S MAIDEN NAME: Alice Trainum

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records - Cheverly, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
570.3
Immediate cause (a) DUE TO Intestinal obstruction (volvulus)
Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 19 55, to 3-18, 19 55, that I last saw the deceased alive on 3-17, 1955, and that death occurred at 1:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R W Saner M.D. 4314 Gallatin St. Hyattsville Md. 3-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) Entombment
DATE THEREOF 3/20/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/18/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha sons ADDRESS Hyattsville, Md

2998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02957

232

Item 8 Film 182 6-6-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 142

Item 7 Film 180 4-20-55 et Item 14 Film 181 5-23-55 et

1. PLACE OF DEATH: COUNTY Prince George Co. Md MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo. County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Upper Marlboro	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro X
LENGTH OF STAY (In this place)	STREET ADDRESS (If rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OD	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	Ann	GREEN	MAR	13	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Colored	Widowed	5-10-1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Anne Arundel Co., Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaiah Forbes	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Estelle Greene

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
4427 Immediate cause (a) Cerebral Vascular Accident	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic CVR Disease	Unk
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug ....., 19 54, to 13 Mar ....., 19 55, that I last saw the deceased alive on 12 Mar ....., 1955, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R M Darner	M D	Upper Marlboro Md	13 Mar 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Mar. 13-55		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 13-55	Carrie Campbell	Rollins Funeral Home	West, D.C

John F Darner S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02958

2962 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly (38)
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (00)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly (38)
STREET ADDRESS (If rural, give location) 2309 Belle Vieu Ave

3. NAME OF DECEASED: (Type or Print) (First) Matthew (Middle) Walter (Last) Gregory

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-18-1870

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repair

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew David Gregory

14. MOTHER'S MAIDEN NAME: Sarah Ann Howell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-34-6103

17. INFORMANT & ADDRESS: Louisa Gregory

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442X Hemiplegia — Interval Between Onset And Death: 7 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardio-Sclerosis with Nephritis —
DUE TO (c) Delerium

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epithelioma of Scrotum — 1 year

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1 1955 to March 10 1955, that I last saw the deceased alive on March 10, 1955, and that death occurred at 9:24 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Brady M.D. ADDRESS 35 Rockville Pike Rockville Md DATE SIGNED 3/11/55

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 3-14-1955 | NAME OF CEMETERY OR CREMATORY Mount Lincoln | LOCATION (City, town, or county) Prince George Co Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/15/55 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Robert A Mattingly | ADDRESS 1311-11th St S.E. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02959

2999 **CERTIFICATE OF DEATH** Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X RR#1, Box 109
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brandywine Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine, Md X
STREET ADDRESS (If rural give location) RR# 1, Box 109

3. NAME OF DECEASED: (Type or Print) (First) Karl (Middle) Samuel (Last) Grymes
4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	—	March 10, 55	0 yrs.		15		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? Am

13. FATHER'S NAME: Karl J. Grymes
14. MOTHER'S MAIDEN NAME: Janie Lurvina Jenifer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Helen M. Jenifer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501X

Immediate cause (a) Bronchitis & atelectasis, Pleurisy — Interval Between Onset And Death 3-22-55

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above canse stating the underlying cause last.
DUE TO (b) Infection
DUE TO (c) Aspiration — 3-25-55

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1955, to 3-26, 1955 that I last saw the deceased alive on 3-25, 1955 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard H. Dobson M.D.
ADDRESS 3-26-55
DATE SIGNED 3-26-55 Brandywine, Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-28-55
NAME OF CEMETERY OR CREMATORY St Thomas
LOCATION (City, town, or county) (State) Aquasco, Md

DATE REC'D BY LOCAL REGISTRAR 3/28/55
REGISTRAR'S SIGNATURE Julian H. Casey, C. H. Billingsley D
24. FUNERAL DIRECTOR Hoxit & Ryon
ADDRESS Waldorf Md

2035171375

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

02960

3700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville, Md.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Powdermill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville, Md.; STREET ADDRESS (If rural, give location) Powdermill Rd

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) ELIZABETH (Last) GUSSIO

4. DATE OF DEATH: (Month) MAR (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1883

9. AGE last birthday: 71 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Carl Gussio

14. MOTHER'S MAIDEN NAME: Emma Elizabeth Haught

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 579-32-8900

17. INFORMANT AND ADDRESS: ANNETTA McGAHA Beltsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Cerebral Hemorrhage — Interval Between Onset and Death: 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular Disease — 20 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept, 1950, to Mar, 1955, that I last saw the deceased alive on Mar 20 1955, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. L. ETIENNE M.D. ADDRESS: College Park, Md DATE SIGNED: 3-20-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-23-55

NAME OF CEMETERY OR CREMATORY: George Washington

LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG.: March-22-1955

REGISTRAR'S SIGNATURE: John D Smith

24. FUNERAL DIRECTOR: Robert H. Pumphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02961

2963

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospl

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 620 - 4th St.

3. NAME OF DECEASED: (First) Mary (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Mar (Day) 11 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S | 8. DATE OF BIRTH: May 17 1912 | 9. AGE last birthday 42 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife work | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Howard Co Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rudolph Hall | 14. MOTHER'S MAIDEN NAME: Nora Levi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Rudolph Hall, Laurel R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4427 IMMEDIATE CAUSE (A) CIRCULATORY COLLAPSE - PULM. EDEMA

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) HYPERTENSIVE - CARDIOVAS - RENAL DISEASE.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. LUES -

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ..... 19..., and that death occurred at 6:08 P. M, from the causes and on the date stated above.

SIGNATURE Dwight Magruder M. D. | ADDRESS 3217-38th St | DATE SIGNED 3-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Mar 16 1955 | NAME OF CEMETERY OR CREMATORY Berwyn Chapel | LOCATION (City, town, or county) (State) A.A Co Md

DATE REC'D BY LOCAL REGISTRAR Mar 14 - 1955 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Ridgely Selby | ADDRESS 401 Wash Blvd Laurel Md

VS. A15 — 10 - 53

3/16/55

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02962

2964

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY P. G. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) , hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 777 Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo. Rgs
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W. Lanham Hill · Hyattsville 15
STREET ADDRESS (If rural give location) 5002 - W. Lanham Drive

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) E. (Last) Hardesty

4. DATE OF DEATH: (Month) Mar (Day) 26 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: ?
9. AGE last birthday 69 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lothian Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Price
14. MOTHER'S MAIDEN NAME: Emma - Avery -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Bernard Hardesty Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

IMMEDIATE CAUSE (A) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: ½ hour.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO arteriosclerotic heart disease — 3 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1954, to 3/26, 19 55 that I last saw the deceased alive on 3/21, 1955, and that death occurred at 1:55 AM, from the causes and on the date stated above.

SIGNATURE F. E. Brunner — ADDRESS M.D. 7409 Varnum St — DATE SIGNED 3/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/29/55 — NAME OF CEMETERY OR CREMATORY Deaker — LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR 3/26/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Bernard Hardesty — ADDRESS Hyattsville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3001

02963

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Green Meadows — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6514-20th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Green Meadows - Hyattsville Md.
STREET ADDRESS (If rural, give location) 6514-20th Ave

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Ken William Harp	3 - 24 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	1-19-40	15 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Student	—	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Cecil Harp	Winifred F. Widmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Father Same address —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

919.0

Immediate cause (a) Hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gun-shot of chest

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Hyattsville (County) Pr. Geo. (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-24-55 6.00 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? 22 cal. gun shot wound of chest

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE John D. Malone (Hyattsville, Md) — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 3-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/28/55	Arlington	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 26 1955	Mrs. Jas Severe Deputy Regr.	Nalley's Funeral Home	3200 R.I. Ave. Mt Rainier Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

3902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02964

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Pr. George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Washington #8

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Shenandoah
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
STREET ADDRESS (If rural, give location) 83X-3 Foundry Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Curtis (Last) Henry

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-2-1883

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: U Henry

14. MOTHER'S MAIDEN NAME: Nellie Rose Pense

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Earnest Henry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X

Immediate cause (a) Cardiac Decompensation — 18 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Left Hemiplegia — 4 wks.

(c) Carcinoma of Left Lung — 6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1955, to 3-22, 1955, that I last saw the deceased alive on 3-18, 1955, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Anna Cope Todd, M.D. — 7519 Broadview Rd S.E. D.C. — 3/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Mar. 22-55 — Woodstock Va — Woodstock Va.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Mar. 22-1955 — E. F. Golins — Wellinger & Sons — Woodstock Virginia

3303

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02965

Item 2 Film 179 4-1-53 ec

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Property of Tuskegee Normal Institute

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Beltsville No St. Number
STREET ADDRESS (If rural, give location) on property of Tuskegee Normal Institute (in Shack)

3. NAME OF DECEASED: (Type or Print) (First) Mable (Middle) Smith (Last) Hitoffer

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-15-1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/16/55

NAME OF CEMETERY OR CREMATORY Evergreen

LOCATION (City, town, or county) (State) Bladensburg, Md

DATE REC'D BY LOCAL REG. 3/16/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Marchisone ADDRESS Hyattsville, Md

John A. Smith B

VS. A15A - 5 - 53

2965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02966

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 28a.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Guilford
STREET ADDRESS (If rural, give location) 13X-2

3. NAME OF DECEASED: (First) Beulah (Middle) (Last) Hopkins
4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married Cyn.
8. DATE OF BIRTH: 1905
9. AGE last birthday: 49 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Loch Johnson
14. MOTHER'S MAIDEN NAME: Emma Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Husband - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — Interval between onset and death: 442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cardiovascular renal disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Essential hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-4-55
NAME OF CEMETERY OR CREMATORY Hyattsville Cemetery
LOCATION (City, town, or county) Hyattsville Howard (State) Md.

DATE REC'D BY LOCAL REG. 3/3/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Brandt & Robt. J. Rockville, Md.
ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3004 MARYLAND STATE DEPARTMENT OF HEALTH 02967

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 241

Item 9, FilmG180 4-27-55 et

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Washington 20 D. C. | LENGTH OF STAY (In this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4801 Ellis St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 D. C. X
STREET ADDRESS (If rural, give location) 4801 Ellis St,.

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Ruby (Last) Hulien
4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
female	white	Widowed	12/3/95	59 / 60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Vito Bonbrest
14. MOTHER'S MAIDEN NAME: Jeanette Vigiano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Louis J. Bonbrest Washington 20 D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X
Immediate cause (a) acute congestive heart failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jamaes H Bond M D Forestville Md 3-25-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Mar. 29-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 3/24/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Simmons Bros. | ADDRESS 1661 Good Hope Rd SE Wash. D.C.

Carrie F. Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2966 **CERTIFICATE OF DEATH** Reg. Dist. No. 02968 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly — LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Pr. Geo. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Branchville
STREET ADDRESS (If rural give location) Box 146

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) A. (Last) Hurt

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Sept 4, 1888 | 9. AGE last birthday 66 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Hurt | 14. MOTHER'S MAIDEN NAME: Lucy Sisk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs Bessie J. Hurt Branchville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrage (+ hypertension) — 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 19 55, to 3/2, 19 55, that I last saw the deceased alive on 3/2 19 55, and that death occurred at 8:30 A M, from the causes and on the date stated above.

SIGNATURE Leon L Gallin M. D. ADDRESS Mt Rainier Md DATE SIGNED 3/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 5, 1955 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) (State) Colmar Manor. Md

DATE REC'D BY LOCAL REGISTRAR 3/7/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F Gaschi Sons Hyattsville, Md | ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02969

2967

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 15
STREET ADDRESS (If rural give location) 1729 - Keokee Street.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Day (Last) Hutchinson

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-20-55

9. AGE last birthday — yrs. IF UNDER 1 YEAR: Months —, Days 8. IF UNDER 24 HRS.: Hours —, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren Hutchinson

14. MOTHER'S MAIDEN NAME: Anna Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Statistic Card.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
754.4 IMMEDIATE CAUSE	(A) Coarctation of Aorta	8 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Congestive heart failure	8 days
DUE TO	(C) Congenital Heart disease	8 days.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —		

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1955, to 3/28, 1955, that I last saw the deceased alive on 3/28, 1955, and that death occurred at 7:30 P.M, from the causes and on the date stated above.

SIGNATURE William Eesum M. D. ADDRESS 30-B Ridge Rd. Hyattsville DATE SIGNED 3/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Mar. 30, 1955 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REGISTRAR 3/29/55 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR L.W. Taltavull ADDRESS 3619-14th St. NW Wash. DC

2035344374

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02970

2968

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 3 days - 9 HRS - 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Route - 2

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) (Last) Hutchison

4. DATE OF DEATH: (Month) Mar (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mar 21, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco FARMER

10B. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Edward Hutchison

14. MOTHER'S MAIDEN NAME: Effie Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Genevieve Hutchison Upper Marlboro, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X IMMEDIATE CAUSE (A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive encephalopathy — 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~6 Mar~~ 6 Mar 55 to 7 Mar 55, that I last saw the deceased alive on 6 Mar, 1955, and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE Leon L Gallin M.D. ADDRESS Mt Rainier Md DATE SIGNED 7 Mar 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/10/55 | NAME OF CEMETERY OR CREMATORY Epiphany Cemetery | LOCATION (City, town, or county) (State) Forestville, Md.

DATE REC'D BY LOCAL REGISTRAR 3/15/55 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

3005 MARYLAND STATE DEPARTMENT OF HEALTH

02971

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allentown — LENGTH OF STAY (In this place) 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7112 Allentown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allentown
STREET ADDRESS (If rural, give location) 7112 Allentown Road

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) A (Last) Johnson

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9/14/1873

9. AGE last birthday: 81 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Johnson

14. MOTHER'S MAIDEN NAME: Mary Frances Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Mary Johnson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4427

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Forman T. Boyd M.D. — Forestville Md — 3-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-29-55 — NAME OF CEMETERY OR CREMATORY St. Ignatius — LOCATION (City, town, or county) (State) OXEN HILL MARYLAND

DATE REC'D BY LOCAL REG. Mar 28-55 — REGISTRAR'S SIGNATURE Edna F. Gillis

24. FUNERAL DIRECTOR — ADDRESS: JOHN T RHINES-CO 901 3rd. ST. S.W.

2969

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02972

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights, Md.
STREET ADDRESS (If rural, give location) 6411 L Street

3. NAME OF DECEASED: (Type or Print) (First) Merle (Middle) (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) 3 - 24 - 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9-6-19

9. AGE Last birthday: 35 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dist. of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Johnson

14. MOTHER'S MAIDEN NAME: Laura Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Post operative herniation of cerebellar peduncles - Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO: Increased intracranial pressure

(c) Multiple tuberculomas of Cerebrum & cerebellum -

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Tuberculous epididymitis

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md)

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒ M. D.
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 3-26-55 | NAME OF CEMETERY OR CREMATORY Washington Funeral Home | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Mar. 26, 55 | REGISTRAR'S SIGNATURE Carrie Campbell | 24. FUNERAL DIRECTOR H. S. Washington & Sons | ADDRESS 467 N St. N.W. Wash. D.C.

VS. A15A - 5 - 53

3006 MARYLAND STATE DEPARTMENT OF HEALTH 02973

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cheverly | LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7113 Livingston Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly X
STREET ADDRESS (If rural, give location) 7113 Livingston Rd

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: June 15 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Spencer Johnson | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Elsie Johnson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James F. [illegible] MD | ADDRESS Forestville Md | DATE SIGNED 3-6-55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3-9-55 | NAME OF CEMETERY OR CREMATORY Bryans Rd. Baptist | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. March 6-55 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR Barnes & Matthews | ADDRESS 614-4" St. S.W.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02974

2970

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS OD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly. 38 1
STREET ADDRESS (If rural give location) 5615 - Hawthorne st.

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) B (Last) KNEISLEY

4. DATE OF DEATH: (Month) MAR (Day) 19 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: July 18, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): operator

10B. KIND OF BUSINESS OR INDUSTRY: Street Car

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Kneisley

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 599-03-3319

17. INFORMANT & ADDRESS: Annie E. Kneisley 5615 - Hawthorne st, Cheverley Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 X

IMMEDIATE CAUSE (A) Hepatoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S) DUE TO (Primary Tumor of Liver)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Jan 16 55

19B. MAJOR FINDINGS OF OPERATION unremovable at operation Hepatoma

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1955 to Mar 19, 1955 that I last saw the deceased alive on Mar 17, 1955, and that death occurred at 5:45 A M, from the causes and on the date stated above.

SIGNATURE X [illegible] M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 3-22-55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/19/55 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. Wm Lee Sons Co — ADDRESS: Wash., D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3007 MARYLAND STATE DEPARTMENT OF HEALTH 02975

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 BOX 306

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover X; STREET ADDRESS (If rural, give location) Box 306

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Albert (Last) Lee

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10/26/1888

9. AGE last birthday: 66 ? yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (420.0)	(a) Coronary Thrombosis with Infarction	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic Heart Disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate — Aug 1954

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1955, to 3/16, 1955, that I last saw the deceased alive on 3/14, 1955, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE H James Kurtz (Degree or title) M D ADDRESS RFD Bowie Md DATE SIGNED 3/16/55

23. BURIAL, CREMATION (Specify) Burial; DATE THEREOF 3/21/55; NAME OF CEMETERY OR CREMATORY Holy Sepulchre; LOCATION (City, town, or county) Prince Geo. Co. (State) Md.

DATE REC'D BY LOCAL REG. 3/16/55; REGISTRAR'S SIGNATURE Amanda Sweeney Carrie F. Campbell

24. FUNERAL DIRECTOR Robert J McGuire; ADDRESS 1820 9-St NW

02976

MARYLAND 2931

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3202 Madison Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural, give location) 128 12th Street N.E. D.C.

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) T. (Last) Lilly

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1955

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH 16 July | 9. AGE last birthday 65 Yrs. yrs. | If under 1 year Months. | Days | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk U. S. Govt.
10b. KIND OF BUSINESS OR INDUSTRY File
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Maschauer
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT AND ADDRESS Joseph F. Lilly Same as # 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 1 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia with Pluresy — 24 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricullar Fibrillation Hypertension — 5 yrs

19a. DATE OF OPERATION NONE | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1955, to Mar 12, 1955, that I last saw the deceased alive on Mar 11, 1955 and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE Stephen A. McCarthy (Degree or title) M.D. ADDRESS 1743 Sheperd St. N.W. DC DATE SIGNED 3-12-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Mar 15 1955 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | LOCATION (City, town, or county) Washington D C (State)

DATE REC'D BY LOCAL REG. March 14" 1955 | REGISTRAR'S SIGNATURE Mrs. Jos. Severe (Deputy) Registrar | 24. FUNERAL DIRECTOR Gasch & Sons | ADDRESS Hyattsville, Md

3308

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02977 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) Since birth
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Camp Springs
STREET ADDRESS (If rural, give location) 5313 - Kenwood Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Clyde (Last) Limerick

4. DATE OF DEATH (Month) [illegible] (Day) 31 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: August 4, 1923

9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Beer

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph R. Limerick

14. MOTHER'S MAIDEN NAME: Sydie Bouchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Angela Limerick, same addr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Route #5

21c. (City or town) Silver Hill (County) P.G. (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 31 55 3:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Driving car that turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Ryan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/4/55

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 4/1/55

REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR F. Gisch's Sons ADDRESS Hyattsville Md

Carrie F. Campbell

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03942

2971 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince George. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights X
STREET ADDRESS (If rural give location) 700 - 62nd. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Lomax

4. DATE OF DEATH: (Month) Mar (Day) 31 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): sing
8. DATE OF BIRTH: 31 Mar 55
9. AGE last birthday yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours 1 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geiter Edward Lomax
14. MOTHER'S MAIDEN NAME: Mae Bell Rhone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

774X IMMEDIATE CAUSE (A) Prematurity 2500gms

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Multiple pregnancy — twins.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1955, to 3/31, 1955, that I last saw the deceased alive on 3/31, 1955, and that death occurred at 10:40 P M, from the causes and on the date stated above.
SIGNATURE Thomas A. Armstrong M.D. ADDRESS College Park DATE SIGNED 4/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 4/18/55
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 4/28/55
REGISTRAR'S SIGNATURE Amanda Denney
24. FUNERAL DIRECTOR Harry W Penn Jr
ADDRESS Lanham

21 35335210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 · 02978

2932 CERTIFICATE OF DEATH Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 15 HYATTSVILLE
LENGTH OF STAY (in this place) 12 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 SACRED HEART HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE 15
STREET ADDRESS (If rural give location) 5805 QUEENS CHAPEL ROAD.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) Maher

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 9-1-69

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): TRENTON N. J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KELTY

14. MOTHER'S MAIDEN NAME: —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Hemorrhage of the bowel — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the colon — 6 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 19 54, to 3/15, 19 55 that I last saw the deceased alive on 3/14 19 55 and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas Kellin M.D. 322 H St. N.E. D.C. 3/15/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-19-55 NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery LOCATION (City, town, or county) Trenton (State) N. J.

DATE REC'D BY LOCAL REGISTRAR March 17 1955 REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Francis Kellin ADDRESS 3821-14TH. ST. N.W. WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02979

3909 CERTIFICATE OF DEATH Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural, College Park | LENGTH OF STAY (in this place) 3 mo.s
HOSPITAL OR INSTITUTION OR STREET ADDRESS Twin Branch Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4208 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Bernard (Last) Mallonee
4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 15, 1879
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Mallonee
14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 574-28-0617
17. INFORMANT & ADDRESS: Viola Streifuss 4208 Jefferson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151X
Immediate cause (a) Chronic Nephritis & uremia — years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Sec anemia, acute — One yr
DUE TO
(c) Suspected carcinoma of stomach

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Anemia

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Dec, 1954, to Mar, 1955, that I last saw the deceased alive on Mar 24, 1955, and that death occurred at 6:30 a m, from the causes and on the date stated above.
SIGNATURE (Degree or title) B. M. Holohan, M.D. ADDRESS 500 Underwood St NW DATE SIGNED 3/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-26-1955
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Odenton, Md. Pr. Geo. Co.
DATE REC'D BY LOCAL REGISTRAR March 26 1955
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Reg.
24. FUNERAL DIRECTOR ADDRESS Waller's Funeral Home 3200 R.I. Ave. Mt. Rainier Md.

VS. A15

I talked it to Mabrey this A.M. regarding the case and he said to sign and send it through

C. W. Nobles

02980

MARYLAND 2972

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel — LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 3V01-4
STREET ADDRESS (If rural, give location): 5017 Roland Avenue

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) BROOKS (Last) MARYE

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 18-1884
9. AGE last birthday: 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore - Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Seth Whiteley
14. MOTHER'S MAIDEN NAME: Mary Eliza Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Do not know
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Mrs. E. C. Jones - 3040 St. Paul St, Baltimore - Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332X Immediate cause	(a) Cerebral Thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	Many years
	(c) Psychosis with Cerebral Arteriosclerosis	8 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1953, to 3-1-, 1955, that I last saw the deceased alive on 2-28, 1955, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: Jesse L. Cousins (Degree or title) M.D. ADDRESS Laurel Md DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar 3/55 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 3-2-55 — REGISTRAR'S SIGNATURE: [illegible] Inv. — 24. FUNERAL DIRECTOR: Stewart Moreno — ADDRESS: 108 W North - Balto.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2973

CERTIFICATE OF DEATH

Reg. Dist. No. 02981 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Heights Md. R. 1
STREET ADDRESS (If rural give location) 6912 Wells Parkway

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Granville (Last) Mateer

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 19 55

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: April 18, 1912 | 9. AGE last birthday 42 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor | 10B. KIND OF BUSINESS OR INDUSTRY: Own business | 11. BIRTHPLACE (State or foreign country): Washington, D. C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Early Mateer

14. MOTHER'S MAIDEN NAME: Lillian Graeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-40-6972

17. INFORMANT & ADDRESS: Mrs. Louise B. Mateer, 6912 Wells Parkway Hyattsville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Acute Coronary Occlusion 3-26-55
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1954, to 3-26, 1955, that I last saw the deceased alive on 3-26, 1955, and that death occurred at 5:15 P. M, from the causes and on the date stated above.

SIGNATURE George Hageage M. D. | ADDRESS 3717-38th Ave | DATE SIGNED 3-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/30/55 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 3-29-1955 | REGISTRAR'S SIGNATURE Amanda Denney | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

3/30/55

2974

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 14 Film 179 4-1-55 et

02982

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince Georges — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

LENGTH OF STAY (In this place) DOA

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C.

STREET ADDRESS (If rural, give location) 3419 M. Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jobe	Aron	Mawson	3	27	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W.	Married	Aug. 16, 1887	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Custodian	Capt. Dwelling	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Mawson	Martha Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		5015-7th Place N.W. Robert W. Mawson - Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal disease	
DUE TO		
	(c)	

442 X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-27-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B.R.A.T.	Mar 30-1955	Ft Lincoln	PR Geo Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/27/55	Amanda Downey	WW Chambers Co	3072 M St NW Wash. D.C.

VS. A15A - 5 - 53

187

3710

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02983

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mitchellville | LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 XXXXXXXXXXXX

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) V (Last) McGrail
4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Jan. 29, 1876 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): New York | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. McGrail | 14. MOTHER'S MAIDEN NAME: Mary A. McCue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) N/a | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Sarah T. Hardisty, Mitchellville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Bronchopneumonia — 9c hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Pulmonary embolism — 1 wk
(c) Coronary Heart disease — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hiatus Hernia & Oesophageal Varices — 5 yrs

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1942, to March 12, 1955, that I last saw the deceased alive on March 11, 1955, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Andrew J. Frandoni M D 1150 Conn Ave N.W. Wash. 16 DC 3/12/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/14/55 | NAME OF CEMETERY OR CREMATORY: Holy Trinity Cem. | LOCATION (City, town, or county) (State): Collington, Md.

DATE REC'D BY LOCAL REG. 3-18-55 | REGISTRAR'S SIGNATURE: Louise H. Peach | 24. FUNERAL DIRECTOR: Ritchie Bros. | ADDRESS: Upper Marlboro, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2975

02984

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.....

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) Dec.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7404 R. I. Avenue Apt 6

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) William (Last) McNamee

4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug. 26, 1893

9. AGE Last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: D. C. Fire Dept

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Eric McNamee

14. MOTHER'S MAIDEN NAME: Elizabeth Bladen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Beatrice Lawhorn - College Park. 7404 - R. I. Ave., Apt 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

451 X

Immediate cause (a) Intrapericardial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rupture of ascending aorta

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/17/55 | NAME OF CEMETERY OR ~~CREMATORY~~ Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. March 17 1955 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar

24. FUNERAL DIRECTOR F. Gascha Sons Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

3711

MARYLAND STATE DEPARTMENT OF HEALTH

02985

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt #2 Box 354

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine (rural)
STREET ADDRESS (If rural, give location) RT 2 Box 354

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Alfred (Last) Meade

4. DATE OF DEATH: (Month) Mar (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-12-1872

9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Meade

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Jessie Meade, Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H Ryon MD Forestville Md 3-14-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 3-16-55 | NAME OF CEMETERY OR CREMATORY St Thomas | LOCATION (City, town, or county) (State) Aquasco Md

DATE REC'D BY LOCAL REGISTRAR: March 17, 1955 | REGISTRAR'S SIGNATURE: H. E. Billingsley

24. FUNERAL DIRECTOR: Hunt & Ryon ADDRESS: Waldorf Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02986

2975

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly —
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly — 38
STREET ADDRESS (If rural give location) 2331 - Bellview Ave

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) ADELINE (Last) Milburn

4. DATE OF DEATH: (Month) Mar (Day) 15 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5-21-1880

9. AGE last birthday 74 — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER W CHESSER

14. MOTHER'S MAIDEN NAME: ELIZABETH MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NO

17. INFORMANT & ADDRESS: 2331 Belview Ave CLEMENT E MILBURN

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

IMMEDIATE CAUSE (A) Cardiac Arrest Due To Pneumonia

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION Cardiac Arrest Due To Pneumonia

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at 10:35 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 95-F St NW Wash DC DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/19/55

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REGISTRAR 3/17/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W. Chambers Co

ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3012

CERTIFICATE OF DEATH

02987
243

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Glenn Dale (rural)

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 1322 Farragut St., N. W.

47X-3

3. NAME OF DECEASED: (First) ANNIE (Middle) (Last) MILLER

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	5/29/1873	81 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): London, England

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Andrew Darby

14. MOTHER'S MAIDEN NAME: Joan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Decedent and Mrs. Malone, PH Nurse at Glenn Dale Hospital. Patient too ill to give complete information.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pulmonary tuberculosis and lobar pneumonia — Interval Between Onset and Death: 1 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23, 19 55, to 3/24, 19 55, that I last saw the deceased alive on 3/24, 19 55, and that death occurred at 12:25 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Leo Finnegan	M.D.	Glenn Dale Hospital Glenn Dale, Maryland	3/24/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/28/55	Cedar Hill Cemetery	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/55	[illegible]	Martin W. Gibson Co.	1300 N. Cap. St.

3213

02988

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6914 Emerson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Missouri COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Carthage 62 x-3
STREET ADDRESS (If rural, give location) 1013 Valley Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Newton (Last) Mims

4. DATE OF DEATH (Month) (Day) (Year) 3 - 8 - 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-11-1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Mims

14. MOTHER'S MAIDEN NAME: Carrie Beckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney, Hyattsville, Md M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit | DATE THEREOF 3-9-55 | NAME OF CEMETERY OR CREMATORY Carthage, Mo. | LOCATION (City, town, or county) (State) Carthage, Missouri

DATE REC'D BY LOCAL REG. 3-9-55 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Reg | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

3914 MARYLAND STATE DEPARTMENT OF HEALTH 02989

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nenrest town) OR TOWN X Ritchie
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6918 Whitehouse Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie X
STREET ADDRESS (If rural, give location) 6918 Whitehouse Rd

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Zollar (Last) Moore

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 4, 1863

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilfred Moore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Leonard Moore, Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation with pulmonary edema — Interval Between Onset and Death: 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 30 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1955, to March 2, 1955, that I last saw the deceased alive on Feb 25, 1955, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John T. Lyon M.D. 5440 Silver Hill Rd S.E., Washington 28, D.C. 3/2/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/5/55

NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery

LOCATION (City, town, or county): Upper Marlboro (State): Md.

DATE REC'D BY LOCAL REG.: Mar 5-55

REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro, Md.

VS. A15

3915

168

MARYLAND STATE DEPARTMENT OF HEALTH

02990

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Junction Rt. 301 and 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Rectory Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Montgomery	-	Morrow	3	11	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	June 11, 1910	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sanitarian	State Dept. of Health	South Carolina	U.S.A.

13. FATHER'S NAME: D. R. Morrow

14. MOTHER'S MAIDEN NAME: Cornelia Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Eleanor Morrow, Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8167 Immediate cause (a) Hemorrhage and shock — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Crushed Chest and abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture left leg, multiple abrasions of head and face

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Place of death

(CITY OR TOWN) Upper Marlboro (COUNTY) P.G. (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY Mar 11 55 9:20 a.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Driver of car in collision with truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/14/55	Trinity Cemetery	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 14 1955	John F. Danner	Ritchie Bros.	Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3 116

02991

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LANDOVER
LENGTH OF STAY (in this place) 26 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LANDOVER
STREET ADDRESS (If rural give location) HILL ROAD.

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) EDWARD (Last) MUSSANTE

4. DATE OF DEATH: (Month) MARCH (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 12 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired) STREET LIGHT MECHANIC

10B. KIND OF BUSINESS OR INDUSTRY: ELEC. POWER CO.

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: STEPHEN MUSSANTE

14. MOTHER'S MAIDEN NAME: CECILIA ? (BUTLER)?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 577-05-0766?

17. INFORMANT & ADDRESS: STELLA MUSSANTE (DAUGHTER) HILL ROAD, LANDOVER MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH 3 MOS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) & METASTASES

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: JAN 24, 1955

19B. MAJOR FINDINGS OF OPERATION: INOPERABLE CA OF STOMACH

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 15, 1955, to MAR. 16, 1955, that I last saw the deceased alive on MARCH 16, 1955, and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE Joseph E. Lanahan Jr. M. D. ADDRESS 6124 CENTRAL AVE CAPT. HTS. DATE SIGNED 3/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3/19/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 18, 55 — REGISTRAR'S SIGNATURE Carrie Campbell.

24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS 517 11th St SE

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

02992

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2933

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Geos Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma park
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geos Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma park 17
STREET ADDRESS (If rural give location) 1205 Holton Lane

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) L. (Last) NALley

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: March 31- 1888 | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired | 10B. KIND OF BUSINESS OR INDUSTRY: Brick Layer | 11. BIRTHPLACE (State or foreign country): Wash. D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nalley | 14. MOTHER'S MAIDEN NAME: Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W I | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Emma E. Nalley 1205 Holton Lane

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Metastatic carcinoma, lung — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Feb. 16, 1955 | 19B. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma, lung | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1955, to Mar. 27 1955, that I last saw the deceased alive on Mar. 27, 1955, and that death occurred at 6 A.M, from the causes and on the date stated above.

SIGNATURE A. F. Thibadeau, M.D. M. D. ADDRESS 10111 Colesville Rd. DATE SIGNED 3/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 30-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland Maryld

DATE REC'D BY LOCAL REGISTRAR March 27-55 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR Simmons Bros. | ADDRESS 1661-Good Hope Rd S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

3917 02993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

6035 M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Safeway Grocery Warehouse

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural, give location) 1112-Washington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) William (Last) Nauman

4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Aug. 1 1914	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck driver	Trucking	Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William S. Nauman	Artie Skinner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	W.W. II	232-32-5017	Hilda Nauman - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema & congestion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary thrombosis.	
	(c) DUE TO Coronary sclerosis.	

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 3-8-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-11-55	Rest Cemetery	Frederick Co. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/55	Amanda Downey	Howard K. Brown	Wash. Va.

Carrie F. Campbell.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03952

3318 CERTIFICATE OF DEATH Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X West Lanham Hills Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4931 - 78th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bernie 85 x - 3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Wilbert (Last) Oxley

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 9 - 1878

9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: West Virginia State Roadtown

11. BIRTHPLACE (State or foreign country): Hawkey - W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Oxley

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Emma Carpentier

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 239-07 3199

17. INFORMANT & ADDRESS: Wm. Hamrick Sr. 4931 - 78th Ave West Lanham Hills Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
177X
Immediate cause (a) Carcinoma of the Prostate
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10 19 54, to 26 Mar 19 55 that I last saw the deceased alive on 26 Mar 19 55, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE Thomas J. Mahoney Jr. (Degree or title) M.D. ADDRESS 7409 Varnum St. Cheverly Md. DATE SIGNED 26 Mar 55

23. BURIAL, CREMATION, REMOVAL (Specify) Shipping DATE THEREOF 3/28/55 NAME OF CEMETERY OR CREMATORY Lincoln Mem. Pk. LOCATION (City, town, or county) Hamlin (State) W. Va.

DATE REC'D BY LOCAL REGISTRAR May 27, 1955 REGISTRAR'S SIGNATURE Mrs. Carrie Campbell

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 5801 Cleveland Ave Riverdale, Md.

3919

02994

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) Lamont
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowie Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY Philadelphia
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia 75x-3
STREET ADDRESS (If rural, give location) 1900 Devereaux St.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) (Last) Park

4. DATE OF DEATH (Month) (Day) (Year) 3 — 30 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-26-1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Park

14. MOTHER'S MAIDEN NAME: Sarah Zobin -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Reba Park - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.)

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 3/31/55

NAME OF CEMETERY OR CREMATORY Rosenberg Funeral Home

LOCATION (City, town, or county) Philadelphia (State) Pa

DATE REC'D BY LOCAL REG. 3/31/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Resche Sons Hyattsville Md ADDRESS

4/2/55 Agnes M. Yingling

VS. A15A - 5 - 53

3920

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02995

CERTIFICATE OF DEATH

Reg. Dist. No. 1 4 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie X
STREET ADDRESS (If rural, give location) 703 Maple ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Porter

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: SEPT. 30. 1875

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bowie Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Porter

14. MOTHER'S MAIDEN NAME: Sarah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Jane Graves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
446X Immediate cause	(a) Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis Bronchopneumonia	Year 2 weeks
	(c) Generalized arteriosclerosis	year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 13., 1955, to 3/19., 1955, that I last saw the deceased alive on 3/18., 1955, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H James Kurtz	MD	RFD Bowie Md	3/19/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 23-55	Church of the Ascension	Bowie Md. P.G.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 20-55	Carrie S. Campbell	John T Stewart	30th St NE

2977

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 03096

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Beltsville X
STREET ADDRESS (If rural, give location) 45-08 Yates Road. 1

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Richter

4. DATE OF DEATH (Month) (Day) (Year) 3-7 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-22-52

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stuart Richter

14. MOTHER'S MAIDEN NAME: Shirley Ackerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 925.0 Asphyxia — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Strangulation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Beltsville (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-7-55 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Head caught between steering wheel and body of toy auto.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/11/55 | NAME OF CEMETERY OR CREMATORY Arlington Nat Cemetery | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. Mar. 10 1955 | REGISTRAR'S SIGNATURE Mrs. Jas Severe | **24. FUNERAL DIRECTOR** F. Gaschi Sons | ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03961

2978 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C. 16X-1
STREET ADDRESS (If rural give location) 4510 - Porter Ave SE.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy - (Last) Shaw.

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 19 55

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 28 Feb. 55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 12 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Berry -

14. MOTHER'S MAIDEN NAME: Ernestine Shaw.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Ernestine Shaw - 4510 - Porter Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625 IMMEDIATE CAUSE (A) Respiratory Collapse — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity (1 lbs 11 oz)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 19 55, to 3/1, 19 55, that I last saw the deceased alive on 3/1, 19 55, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE L. A. Christensen M. D. ADDRESS College Park DATE SIGNED 3/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 4/18/55 NAME OF CEMETERY OR CREMATORY Prince Georges Gen. Hosp LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/23/55 REGISTRAR'S SIGNATURE Amanda Dauney 20252 7240

24. FUNERAL DIRECTOR Henry W. Penn Jr ADDRESS Supt

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3921

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02997

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOULEVARD HGTS
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2709-49th Ave SE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND, COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOULEVARD HEIGHTS
STREET ADDRESS (If rural, give location) 2709-49 AVE.

3. NAME OF DECEASED (Type or Print) (First) CATHERINE (Middle) ROSINA (Last) SICHERT

4. DATE OF DEATH (Month) MARCH (Day) 25 (Year) 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) WIDOWED

8. DATE OF BIRTH MAR. 17, 1900

9. AGE last birthday 55 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN MARTIN KARLE

14. MOTHER'S MAIDEN NAME ANNIE E. BECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Catherine Smith 2709-49th Ave SE

18. MEDICAL CERTIFICATION Wash. D.C.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) AZOTEMIA	6-8 wks.
Antecedent cause(s)	Hypertensive arterio-Sclerotic	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart & renal disease	
	(c) Cerebral-arteriosclerosis	2-3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to MARCH 25, 1955, that I last saw the deceased alive on MARCH 24, 1955, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney W. Lowry M.D. 7601-Gateway Blvd. District Heights, Md. 3-26-55

23. BURIAL, [redacted] (Specify) DATE March 28-1955 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REG. Mar. 26-1955 REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR Simmons Brothers ADDRESS 1661 Good Hope Rd SE Wash DC

2933

02998

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 245

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4004 - Buchanan St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4004 Buchanan

3. NAME OF DECEASED: (Type or Print) (First) Grover (Middle) Cleveland (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) 3 - 4 - 1955

5. SEX	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Mar.	Oct 4, 1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Pressman - Printing		Montana	USA

13. FATHER'S NAME: Frank Prince Smith

14. MOTHER'S MAIDEN NAME: Mary Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	578-09-9270	Frank N. Smith, College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiovascular disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes -

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Mahoney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/5/55	F.t. Lincoln	Colmar Manor Md.

DATE REC'D BY LOCAL REG. Mar. 5, 1955 REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR ADDRESS Nalley's Funeral Home 3200 - Rhode Island Ave. Mt. Rainier Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02999

2934 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Hgts - Hyattsville
LENGTH OF STAY (in this place) 9 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3911 - 58th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Hgts Hyattsville, 15
STREET ADDRESS (If rural give location) 3911 - 58th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Clyde (Last) Starnes

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1955

5. SEX: White

6. COLOR OR RACE: Female

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb. 4th 1885

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Homer Williams

14. MOTHER'S MAIDEN NAME: Clara Sparks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 429-01-1363

17. INFORMANT & ADDRESS: Florien Privett 5911-58 Ave Villa Hgts, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
260X Immediate cause	(a) Cerebral Thrombosis	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Cerebral atherosclerosis	5 years
DUE TO	(c) Diabetes Mellitus	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1946, to March 10, 1955, that I last saw the deceased alive on March 8, 1955, and that death occurred at 3:12 A.M., from the causes and on the date stated above.

SIGNATURE Marcel Goretin M.D. (Degree or title) ADDRESS 1801 K St N.W DATE SIGNED March 10, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/11/1955 NAME OF CEMETERY OR CREMATORY Oaklawn Cem. LOCATION (City, town, or county) (State) Little Rock, Ark.

DATE REC'D BY LOCAL REGISTRAR 3/10/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS Riverside, Mo.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03000

2979 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 PRINCE GEORGE GENERAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover. X
STREET ADDRESS (If rural give location) 7526 Ridge Drive

3. NAME OF DECEASED: (Type or Print) (First) FLOSSIE (Middle) C. (Last) SUMMERS

4. DATE OF DEATH: (Month) MARCH, (Day) 28 (Year) 1955

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 2/9/14 | 9. AGE last birthday 41 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-wife | 10B. KIND OF BUSINESS OR INDUSTRY: At Home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Blankenbaker | 14. MOTHER'S MAIDEN NAME: Frances Clore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Wm. E. Summers - Husband

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

197X
IMMEDIATE CAUSE (A) Metastatic Fibrosarcoma
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Fibrosarcoma - Neck: Post operative DUE TO
(C) /

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION: Fibrosarcoma of Neck | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Mar, 1955, to March 25 1955, that I last saw the deceased alive on 25 March, 1955, and that death occurred at 9 40 P M, from the causes and on the date stated above.

SIGNATURE John H. Boyle M. D. ADDRESS 1835 Eye St. NW. DATE SIGNED 3/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/31/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 3/29/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co., Riverdale, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

28/march/55

Dr. Maloney was notified by me. He approved of the cause of death

John H. Bayly

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03001

2935 CERTIFICATE OF DEATH Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 WEST HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WEST HYATTSVILLE 15
STREET ADDRESS (If rural give location) 2409 - Sheridan st.

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) (Last) TEEPLE

4. DATE OF DEATH: (Month) MAR (Day) 1 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT 7, 1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVID A. SHEA

14. MOTHER'S MAIDEN NAME: A. C. HICKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 416X

(A) DUE TO Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, essential — 10 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1953, to Mar 1, 1955, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at 9:15 P. M, from the causes and on the date stated above.

SIGNATURE John F Brennan Jr. M. D. ADDRESS 1704 Wayne Ave. DATE SIGNED Mar 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 3/5/55

NAME OF CEMETERY OR CREMATORY Ft LINCOLN

LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR Mar. 3. 55

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons Co - Wash., D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3922 03002

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lakeland
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Price Cove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) Price Cove

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Bernard (Last) Dolson

4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 7-20-08 | 9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY: Towing | Riverdale Md | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Pinkney

14. MOTHER'S MAIDEN NAME: Betty Dolson Lakeland Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-12-7797

17. INFORMANT & ADDRESS: Alma Davis 5502 Redmond Ave Lakeland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Toxemia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broncho pneumonia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 3/13/55 | NAME OF CEMETERY OR CREMATORY Metropolitan Funeral Home | LOCATION (City, town, or county) Washington | (State) D C

DATE REC'D BY LOCAL REG. 3/13/55 | REGISTRAR'S SIGNATURE Amanda Denney | 24. FUNERAL DIRECTOR F Gasca & Sons, Hyattsville, Md | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03003

2980

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 9, FilmG179 3-21-55 ef

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 D.O.A. on ARRIVAL AT Prince George General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City
STREET ADDRESS (If rural give location) 4016 Bladensburg Rd

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Joseph (Last) VITIELLO

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 24, 1896

9. AGE last birthday 58 5/4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10B. KIND OF BUSINESS OR INDUSTRY: Tile & Marble Co.

11. BIRTHPLACE (State or foreign country): Sao Paulo, Brazil

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Vitiello

14. MOTHER'S MAIDEN NAME: Josephine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Fred L. Vitiello 4201-53 Ave Bladensburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2hrs.

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28, 1953, to 3/11, 1955, that I last saw the deceased alive on 3/11, 1955, and that death occurred at 4:20 P M, from the causes and on the date stated above.

SIGNATURE Herman Dent Cowan M.D. ADDRESS 3503 Rhode Island Ave Mt Rainier Md. DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-14-55

NAME OF CEMETERY OR CREMATORY H. Lincoln

LOCATION (City, town, or county) (State) Bladensburg Rd, P Geo Co Md

DATE REC'D BY LOCAL REGISTRAR 3-11-55

REGISTRAR'S SIGNATURE Amanda Downs

24. FUNERAL DIRECTOR Warner E. Pumphrey Inc. ADDRESS 8434 Ga Ave Sil.

DR JOHN MALONEY ASST CORONER P.G.C.
NOTIFIED 9.22 PM. BODY RELEASED.

3/11/55

3123

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03004

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill
LENGTH OF STAY (in this place): 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prigeos
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill
STREET ADDRESS (If rural, give location): 3300 Branch ave S.E.

3. NAME OF DECEASED (Type or Print): (First) CONRAD (Middle) VON (Last) GARREL

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: april 10 1895

9. AGE last birthday: 59 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter.

10b. KIND OF BUSINESS OR INDUSTRY: Decorator.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Theodore Von Garrel

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-01-4005

17. INFORMANT AND ADDRESS: Rosa Von Garrel 3300 Branch ave S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Metastases to Rept Iliac bone

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14-, 1955, to 3-27-, 1955, that I last saw the deceased alive on 3-26-55 19..., and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lawrence D. Summerfield, M.D. ADDRESS: 1400 Branch Ave S.E. DATE SIGNED: 3-27-55

23. BURIAL, [redacted] (Specify) DATE THEREOF: March 30-1955 NAME OF CEMETERY OR CREMATORY: Nash. National LOCATION (City, town, or county) (State): Suitland, maryland

DATE REC'D BY LOCAL REG.: March 28-55 REGISTRAR'S SIGNATURE: E F Ellis

24. FUNERAL DIRECTOR ADDRESS: Simmons Bros 1661 Good Hope Rd S.E. Wash D C

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03005

2981 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 7 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edmonston, Maryland
STREET ADDRESS (If rural give location) 4924 - 49th Place

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Marion (Last) Wighington
4. DATE OF DEATH: (Month) March (Day) 23, (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married.
8. DATE OF BIRTH: 11-20-94
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): FIREMAN Retired
10B. KIND OF BUSINESS OR INDUSTRY: D.C. Fire Dept.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. H. WIGHINGTON
14. MOTHER'S MAIDEN NAME: Lois Nusce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Acute Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH 3-23-55

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hypertensive cardiovascular disease
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1955, to 3-23, 1955 that I last saw the deceased alive on 3-23, 1955, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D.
ADDRESS 3717-38th Ave
DATE SIGNED 3/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/28/1955
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.
LOCATION (City, town, or county) (State) Arlington VA.

DATE REC'D BY LOCAL REGISTRAR 3/24/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Cummings Co.
ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03006

2982

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4417 Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges'
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Radiant Valley
STREET ADDRESS (If rural give location) 6817 Shepherd Street

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) (Last) Wilkerson

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-22-85

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George wilkerson

14. MOTHER'S MAIDEN NAME: Josephine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Statistic Card.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Myocardial fibrosis, old	?
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Artery Thrombosis, recent.	3 hours
	DUE TO (C) Coronary Arteriosclerotic Heart Disease	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Mar 17, 1955, that I last saw the deceased alive on 3/16, 1955, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE Julius Kaufman, M. D. ADDRESS Bladensburg, Md. DATE SIGNED 3/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/19/55 | NAME OF CEMETERY OR CREMATORY St Peters | LOCATION (City, town, or county) Waldorf, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/18/55 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gascho Sons ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 003007

3'24

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glenn Dale (rural)

LENGTH OF STAY (in this place): 2 mos., & 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3

STREET ADDRESS (If rural, give location) 417 Franklin St., N. W. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CHARLES	WILLIAMS		3	18	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Single	1/14/1923	32 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Porter	New Center Market	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Williams	Jennie Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No -	577-22-0057	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

581.0 **Immediate cause** (a) Portal Cirrhosis of Liver — Interval Between Onset and Death: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

(502.2)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 1 yr

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1/14, 1955, to 3/18, 1955, that I last saw the deceased alive on 3/18, 1955, and that death occurred at 1140 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Leo Francis	M.D.	Glenn Dale Hospital Glenn Dale, Md.	3/18/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
3/19/55	3/19/55		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/19/55	Alice Weiss	Henry S. Washington & Sons	467 N St. N.W. Washington D.C.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03008

2933

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
38 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY in this place: 1 day 5 hrs
77 HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights 36
STREET ADDRESS (If rural give location) 1005-61st Pl.

3. NAME OF DECEASED: (Type or Print) (First) William R. (Middle) (Last) Yocum

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 10-6-46 | 9. AGE last birthday 8 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student.
10B. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): D C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd E Yocum Jr.
14. MOTHER'S MAIDEN NAME: Louise Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Floyd E Yocum 1005-61 Pl. Capitol Heights Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Circulatory Collapse, shock	12 hrs.
ANTECEDENT CAUSE (S): DUE TO (B)	Generalized Peritonitis	2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Ruptured Vermiform Appendix	3 days

550.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-30-55
19B. MAJOR FINDINGS OF OPERATION: Ruptured Appendix & Generalized Peritonitis
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30, 1955, to 3-31, 1955, that I last saw the deceased alive on 3-31, 1955, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE Paul J Churchyard M.D. ADDRESS 1226 E. 11th, New Castle, Del. DATE SIGNED 3/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4-4-1955
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town or county) (State): Bladensburg Md.

DATE REC'D BY LOCAL REGISTRAR: 4/1/55
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: J Sim Lee & Sons
ADDRESS: 300-4th St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53